

SEP 13 2004

FEE TRANSMITTAL

Attorney Docket No.: MP1716-US2	First Named Inventor: Hobson et al.
Application No.: 10/032,324	Filing Date: December 20, 2001
Examiner: T. T. Nguyen	Group Art Unit: 2833

Description of Action

This Fee Transmittal sheet is being submitted in connection with the accompanying **Reply to Office Action**

Authorization to Charge Deposit Account

The Commissioner for Patents is hereby authorized to charge the indicated fees against, and credit any overpayments to, the following deposit account. The Commissioner is further authorized to charge any additional fees required under 37 CFR §§ 1.16 and 1.17 against the same deposit account.

Deposit Account No: **18-0560**

Deposit Account Name: **Tyco Electronics Corporation**

☐ No fee(s) are entered below because it is believed that none are required in connection with this action. However, in the event fee(s) are required, the Commissioner is authorized to charge any fee(s) under 37 CFR §§ 1.16 and 1.17 against the above deposit account. (Check this box only if no fee(s) are entered below.)

Fee Calculations

(1) Filing fee (large entity) (if applicable)

Description	Fee Paid (\$)
-------------	---------------

(2) Extra claim fees (large entity) (if applicable)

Claims in specification as filed

	No. in Specification or after Amendment	No. Included in Filing Fee or Previously Paid For	No. Extra (b)	Applicable Fee	Fee Paid
Total Claims		- =		x 18 (ea.)	
Independent Claims		- =	-0-	x 86 (ea.)	-0-
Multiple dependent claim(s) presented for first time (c)			No	290	-0-
Subtotal (2) Extra claim fees					(\$)

(3) Additional or other fees (large entity) (if applicable)

Description	Fee Paid
Extension of Time (3rd Month) [37 CFR 1.17(a)(3)]	950.00
Subtotal (3) Additional or other fees	(\$)

Total Fees

Total Fees Submitted (Sum of Subtotals (1), (2), and (3))	(\$)
---	------

This sheet is transmitted in duplicate.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: September 8, 2004

Name (printed): Marguerite E. Gerstner

Signature: Marguerite E. Gerstner

Respectfully Submitted,

Marguerite E. Gerstner
 Name: Marguerite E. Gerstner, Reg. No. 32,695
 Tel: 650-361-2483
 Fax: 650-361-5623
 Address: Tyco Electronics Corporation
Intellectual Property Law Dept.
307 Constitution Drive, MS R20/2B
Menlo Park, CA 94025-1164

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 11032324	
Substitute for Form PTO-875							
CLAIMS AS FILED – PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ _____		\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *			X \$ _____ =		X \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *			X \$ _____ =		X \$ _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =	
				TOTAL		TOTAL	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED – PART II							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 15	Minus ** 20	=	X \$ _____ =		X \$ _____ =	
Independent (37 CFR 1.16(b))	* 6	Minus *** 5	= 1	X \$ _____ =		X \$ 86 = 86.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =	
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		X \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =	
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus **	=	X \$ _____ =		X \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus ***	=	X \$ _____ =		X \$ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		+ \$ _____ =	
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.